

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**101048046**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6						
7	1					
8						
9						
10						
11	1					
12		1				
13						
14	1					
15		1				
16	1					
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31	1					
32		1				
33	1					
34		1				
35						
36						
37						
38						
39	1	1				
40		1				
41		1				
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	155					
TOTAL DEP.	27	↓	↓	↓		
TOTAL CLAIMS	42	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								